

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

15377

State File No. \_\_\_\_\_  
Registrar's No. 4545

FILED MAY 27 1943 18

Registration District No. \_\_\_\_\_ Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County ST. LOUIS MO.  
(b) City or town ST. LOUIS.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1404 SULLIVAN AVE  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution LIFE (Specify whether years, months or days)

3. (a) PRINT FULL NAME RUTH T. BOEDEKER

3. (b) If veteran, name was NONE 3. (c) Social Security No. NONE

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married. WIDOW  
(b) Name of husband or wife LEO A. Deceased (c) Age of husband or wife if alive — years  
7. Birth date of deceased JULY 20TH 1893  
(Month) (Day) (Year)

8. AGE: Years 49 Months 9 Days 24 If less than one day — hr. — min.

9. Birthplace ST. LOUIS MO  
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSE WORK

11. Industry or business AT HOME

12. Name HENRY W. BLOMBERG

13. Birthplace ST. LOUIS MO.

14. Maiden name JOSEPHINE WIEGAND

15. Birthplace ST. LOUIS MO.  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. A. Hoffmann

(b) Address 4314 1/2 Connecticut

17. (a) BURIAL (b) Date thereof MAY 17TH 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY CEM.

18. (a) Signature of funeral director Brockland and Co

(b) Address 1827 HOGAN STR.

19. (a) MAY 15 1943 (b) J. F. Muesch  
(Date received local registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI. (b) County ST. LOUIS.  
(c) City or town ST. LOUIS.  
(d) Street No. 1404 SULLIVAN AVE  
(If rural, give location)  
(e) Citizen of foreign country? NO. (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 14TH  
year 1943 hour 4:00 minute P. M.

21. I hereby certify that I attended the deceased from OCT. 15  
19 43, to MAY 15 19 43  
that I last saw her alive on MAY 5  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebro-vascular accident.

Due to Essential hypertension

Due to hypertensive heart disease = auricular fibrillation

Other conditions (Include pregnancy within 3 months of death) —

Major findings: Of operations —

Of autopsy —

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature R. C. Pullen Jr. (M. D. or other) \_\_\_\_\_  
Address Washington Univ. Clin. Date signed MAY 15 1943

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

*Henry M. Brammer*

Licensed Embalmer No.....

*4200*

P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**